

Intervention: Limited (information only) patient education programs for adults with asthma

Finding: Sufficient evidence for ineffectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Many guidelines for asthma management recommend patient education and regular medical review. There have been several controlled trials to measure the effectiveness of asthma patient education programs. While these programs do improve patient knowledge, their effect on health outcomes is not as well known. This review looks at education limited to information about asthma, its causes, and treatment, in order to answer the following question: What is the effect of this kind of limited (information only) patient education?

Findings from the systematic reviews:

This review included 12 trials of variable quality. Studies indicated that limited asthma education does not reduce asthma hospitalizations and has no significant effect on doctor visits, lung function, and medication use. Effects on symptoms varied—there was no reduction in activity days lost, but in two studies, symptoms were reported to improve after the limited patient education. In addition, one study showed reduced emergency department visits.

The use of limited asthma education as practiced in these studies does not improve health outcomes in adults with asthma, although perceived symptoms may improve. Provision of information alone in the emergency department may be effective, but this needs to be confirmed. Improving patient knowledge alone does not reduce hospitalizations, doctor visits or medication use for asthma, but may play a role in improving patient perception of symptoms.

Limitations/Comments:

This intervention page includes references written in 2000 or later. There are many options for action plans and for patient educational materials, so those considering an intervention of this type should look for new materials that are tailored to the population and that reflect the most current knowledge about asthma.

Reference:

Gibson PG, Powell H, Coughlan J, Wilson AJ, Hensley MJ, Abramson M, Bauman A, Walters EH. Limited (information only) patient education programs for adults with asthma. *The Cochrane Database of Systematic Reviews* 2002, Issue 1. Art. No.: CD001005. DOI: 10.1002/14651858.CD001005.